

**U.S. Department of Agriculture
SUBCONTRACTING PLAN REVIEW AND CLEARANCE SHEET**

SOLICITATION NO:		Dollar Value:	NAICS Code:	TYPE OF ACQUISITION: <input type="checkbox"/> SEALED BID <input type="checkbox"/> NEGOTIATED	
AGENCY	CONTRACTING OFFICE	TEL: ()		Performance Period: From To	OPTIONS
MAILING ADDRESS			DESCRIPTION		
CONTRACTOR:				TELEPHONE:	
				CONTRACTOR IDENTIFICATION CODE:	
				PLAN SIGNED BY:	
				TITLE:	
				<input type="checkbox"/> INDIVIDUAL CONTRACT PLAN <input type="checkbox"/> COMMERCIAL PRODUCT PLAN	
SUBCONTRACTING OPPORTUNITIES OFFERED:					
SUBCONTRACTING ELEMENTS			ACCEPT		COMMENTS
1. PROPOSED GOALS (All percentages derived from TOTAL SUBCONTRACTS)		DOLLAR VALUE WHOLE NUMBERS	PERCENTAGE OF TOTAL	YES NO	
Large Business				___ ___	
Small Business (SB)				___ ___	
TOTAL SUBCONTRACTS				100%	
HUBZone Small Business (HUBZone SB)				___ ___	
Small Disadvantaged Business (SDB)				___ ___	
Women-Owned Small Business (WOSB)				___ ___	
Veteran-Owned Small Business (VOSB)				___ ___	
Service-Disabled Veteran-Owned Small Business (SDVOSB)				___ ___	
2. Descriptions of: (a) principal products/services to be subcontracted including those planned for SB, HUBZone SB, SDB, WOSB, VOSB and SDVOSB; (b) method used to develop goals; (c) method used to identify potential sources; and (d) contractor's efforts to ensure equitable opportunities for SB, HUBZone SB, SDB, WOSB, VOSB and SDVOSB. In addition, the offeror must provide a statement as to whether or not indirect costs were included in establishing goals. See Note below.					
3. Plan Administrator (Name and Duties)				___ ___	
4. Clause Flow-down:				___ ___	
5. Reporting:				___ ___	
6. Record Keeping:				___ ___	
I have reviewed the plan and found it to provide maximum opportunities for small business, HUBZone small business, small disadvantaged business, women-owned small business, veteran-owned small business, and Service-disabled veteran-owned small business concerns.					
Contracting Officer Signature:		Date:	OSDBU Coordinator Signature:		Date:
Office of Small and Disadvantaged Business Utilization			Small Business Administration		
___ Concur ___ Concur With the Following Comments:			___ Concur ___ Concur With the Following Comments:		Date:
Comments:			Comments:		
By:		Date:	By:		

NOTE: If indirect costs were included in establishing the goals, the offeror must explain the method used to determine the proportionate share of indirect costs to be incurred